

**CRP-37**  
(05-13-04)

**U.S. DEPARTMENT OF AGRICULTURE**  
Farm Service Agency

**REQUEST FOR INCIDENTAL GRAZING OR USE OF FOREST REFUSE**

1. RETURN TO: (County FSA Office Name and Address)	2. CRP CONTRACT NO.	
	3. FARM NO.	4. DATE (MM-DD-YYYY)

5. For the \_\_\_\_\_ crop year, I (we) request authority to:

- A. ☐ Conduct incidental grazing in Field Number(s) (1) \_\_\_\_\_ in conjunction with the gleaning of crop residue or grazing a small grain before harvest beginning (2) \_\_\_\_\_  
(MM-DD-YYYY)

I (we) understand and agree that:

- only CP8A, Grass Waterways, CP13C (Filter Strips), CP15A, Contour Grass Strips, and CP21, Filter Strips, may be grazed under this authority
- all livestock shall be removed from CRP acreage no later than 2 months after the date provided above
- there shall be a 25 percent reduction in the annual rental payment for the CRP acreage being grazed
- I (we) shall re-establish, at my (our) own expense, any cover destroyed or damaged as a result of participation under this authority, regardless of recommendations or determinations made by NRCS.

- B. ☐ Make commercial use of the forest refuse obtained from normal forestry practices, such as thinning, pruning, and timber improvement on (1) \_\_\_\_\_ acres in Field Number(s) (2) \_\_\_\_\_.

I (we) understand and agree that:

- I (we) shall re-establish, at my (our) own expense, any cover destroyed or damaged as a result of participation in this authority, regardless of recommendations or determinations made by FS.
- I (we) shall not receive an annual rental payment for the applicable acres for the year in which the forestry maintenance activity occurred.

CRP-1 is subject to termination or other penalties as may be authorized by COC in accordance with the CRP contract and regulations should there be any violation of this authority.

6. Check the payment reduction option applicable to this request:

- A. ☐ The payment reduction has been paid in advance.
- B. ☐ The annual rental payment, scheduled to be made after October 1, will be reduced.

7. All signatories to CRP-1 are required to sign, unless the payment reduction is paid in advance. If the payment reduction is paid in advance, only the participant making the request is required to sign.			
A. OPERATOR SIGNATURE	DATE (MM-DD-YYYY)	C. PARTICIPANT SIGNATURE	DATE (MM-DD-YYYY)
B. OWNER SIGNATURE	DATE (MM-DD-YYYY)	D. PARTICIPANT SIGNATURE	DATE (MM-DD-YYYY)
E. COC SIGNATURE		DATE (MM-DD-YYYY)	

**NOTE:** The authority for collecting the following information is Pub. L. 107-171. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The time required to complete this information collection is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a). The authority for requesting the following information is the Food and Security Act of 1985 (Pub. L. 99-198), as amended, and regulation promulgated at 7 CFR Part 1410. The information will be used to consider and process the request for incidental grazing or use of forest refuse. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in determination of ineligibility for certain program benefits. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**